KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 938-2943
Lease Name: BRENN UNIT
Well Number: 2

API No.: 15-185-13171-00-02
Permit No: E27479.1
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SE - NW Sec. 19 Twp. 23 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2966 feet from ☐ N / ☑ S Line of Section
2984 feet from ☑ E / ☐ W Line of Section
County: Stafford

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 200 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	5040				31
February	4552				28
March	4050				25
April	0				0
May	0				0
June	3402				21
July	5022				31
August	5022				31
September	4860				30
October	5040				31
November	4860				30
December	5040				31
TOTAL	46888		0		

Submitted Electronically